

Name of Person Filing Document: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State, Zip Code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
Attorney Bar Number (if applicable): \_\_\_\_\_  
Representing ☐ Self or ☐ Attorney for \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY**

In the Matter of

Case Number: PB \_\_\_\_\_

☐ The Guardianship ☐ Conservatorship of  
(check one or both boxes)

**PETITION FOR APPROVAL OF**

☐ ANNUAL ACCOUNTING OF CONSERVATOR

DUE \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
MO DAY YR

☐ an adult ☐ a minor

PERIOD FROM \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ TO \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
MO DAY YR MO DAY YR

**AND/OR**

☐ FEE STATEMENT

State of Arizona            )  
County of Maricopa       ) ss.

**THE PETITIONER STATES UNDER OATH AS FOLLOWS:**

**INSTRUCTIONS: For approval of annual accounting, put a check mark in boxes 1, 2, 3 and complete number 1:**

1. ☐ This accounting covers the period from \_\_\_\_\_ (date) to \_\_\_\_\_ (date) and is due on \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
2. ☐ Attached is a correct statement of all financial dealings I had on behalf of the Ward or protected person during this accounting period. The summary of all financial transactions I conducted or allowed on behalf of the Ward or protected person during this period of time are fully described, itemized, and summarized on the attached pages. I request that the Court enter an order approving this annual accounting. (Be sure to attach the accounting.)
3. ☐ Attached is a copy of the Estate Management Plan.

**INSTRUCTIONS: For approvals of fee statements, put a check mark in box number 4:**

4. ☐ Attached is a copy of the Fee Statement for which I request approval too. (If you check this, attach the Fee Statement.)

SIGNED \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by  
Petitioner.

My Commission Expires:

NOTARY PUBLIC: \_\_\_\_\_